

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

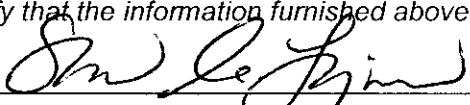
LOBBYIST REGISTRATION FORM

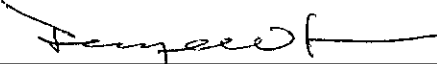
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Fujimura	Susan	A.	(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suite 1800			EMAIL wkaneko@ahfi.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Alston Hunt Floyd & Ing			(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suite 1800			EMAIL
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Dental Service		(808) 521-1431
MAILING ADDRESS (Street)		FAX (808) 529-9368
700 Bishop Street, Suite 700		EMAIL
(City)	(State)	(Zip Code)
Honolulu,	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Faye Kurren		(808) 529-9200
MAILING ADDRESS (Street)		FAX (808) 529-9368
700 Bishop Street, Suite 700		EMAIL fkurren@hdsonline.org
(City)	(State)	(Zip Code)
Honolulu,	Hawaii	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>2/1/2013</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Faye Kurren		President & CEO
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Hawaii Dental Service		(808) 529-9200
MAILING ADDRESS (Street)		FAX (808)529-9368
700 Bishop Street, Suite 700		EMAIL
		fkurren@hdsonline.org
(City)	(State)	(Zip Code)
Honolulu,	Hawaii	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		<u>1-24-13</u>
(Signature of Authorizing Officer or Person Represented)		(Date)